

Cranford Health Department
8 Springfield Avenue
Cranford, NJ 07016
(908) 709-7225, Fax (908) 497-1540
E-mail: health@cranfordnj.org
Website: <http://cranfordnj.org>

LICENSE APPLICATION

I hereby make application for the following license:

Annual Food License:

- ☐ Risk Type 1 - \$ 50.00
☐ Risk Type 2 - \$ 75.00
☐ Risk Type 3 - \$125.00
☐ Risk Type 4 - \$125.00

Temporary Food Vendor Permit - \$35.00 – Application must be received no later than 7 (seven) business days prior to event.

- ☐ Milk License - \$5.00 Applicable to all establishments that sell pre-packaged containers of milk.
☐ Mobile Food Vehicle License (Annual) - \$100.00
☐ Mobile Food Vehicle License (Seasonal) - \$60.00
☐ Extended Commissary Food Delivery Vehicles: 1-5 delivery vehicles - \$100 per vehicle _____
6-20 delivery vehicles - \$80 per vehicle _____
20+ delivery vehicles - \$60 per vehicle _____
☐ Swimming Pool (public or club) License - \$75.00
☐ Pet Shops (sale of animals or animal grooming) - \$20.00
☐ Animal license (other than dog or cat) - \$5

Business Owner:

Please be advised that licenses (i.e. Food, Milk, Pet shop, Animal, etc.) EXPIRE annually on March 31st.
It is the responsibility of each business owner to be aware of the license requirements and follow up accordingly.
All licenses must be renewed prior to March 31st of the applicable licensing year.
A late fee of 25% of the annual fee shall be assessed after May 1st.

Name & Business Address of Establishment: _____

Establishment info: Telephone # _____ **Fax #** _____

Email Address: _____

Owner(s) Name & Home Address: _____

Owner info: Telephone # (Home) _____ **(Cell)** _____

Fax # _____ **Email Address:** _____

Animal to be licensed (if animal license application) _____

Fee: _____ Late fee: _____ Cash/Check # _____ License # _____ Date issued: _____

VITAL INFORMATION SURVEY

Name(s) of person(s) who attended Food Handlers Training Course & date of certification: (current food handler certification required)

Name, Address & Telephone # of the following service providers (If applicable):

Exterminator: _____

Cooking Oil Waste Contractor:

Solid Waste Contractor:

If applicable, ventilation hood cleaning contractor:

OFFICE USE ONLY

Signature of Inspector/Reviewed and Approved by: _____

It is understood that such license is non-transferable, non-refundable and is granted for the period designated on the license. Furthermore, the license may be revoked upon violation of any pertinent requirements of the Board of Health and/or the laws of the State of New Jersey.

Applicant Signature: _____

Date: _____

Comments:
